

CLAIMS ONLY						Application Number 10/668797	Filing Date				
						Applicant(s)					
10-22-04						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend		
1							51				
2				/			52				
3				/			53				
4				/			54				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			1				Total Indep				
Total Depend			15				Total Depend				
Total Claims			16				Total Claims				

BEST AVAILABLE COPY